



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

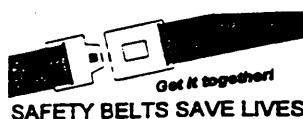
Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

**CASE SUMMARY**PSU 11 CASE NO. 018A TYPE OF ACCIDENT Single car into large tree**A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES**

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

The 1990 AOPS equipped Chevrolet Lumina 2 door coupe was traveling Northbound on the rural, two lane roadway when for some unknown reason the vehicle departed the roadway to the right and impacted a large tree with the front-right portion of the vehicle. After rotating clockwise the vehicle rolled onto its left side and came to rest in the center of the roadway. As the vehicle rotated the driver sustained fatal injuries when his head impacted the A pillar, roof area. The driver was not restrained during this crash, although as a pilot he always buckled up. The driver was pronounced dead at the scene. The vehicle was towed due to damage.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
01	Intermediate	1990 Chevy Lumina	Frontal	Severe	NONE

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
01	Driver	F-Left	NONE USED	Head	Crushed	4	A-pillar roof

DO NOT SANITIZE THIS FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

PSU No. 11

Case Number - Stratum 018A

BEST AVAILABLE

1 of 3

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

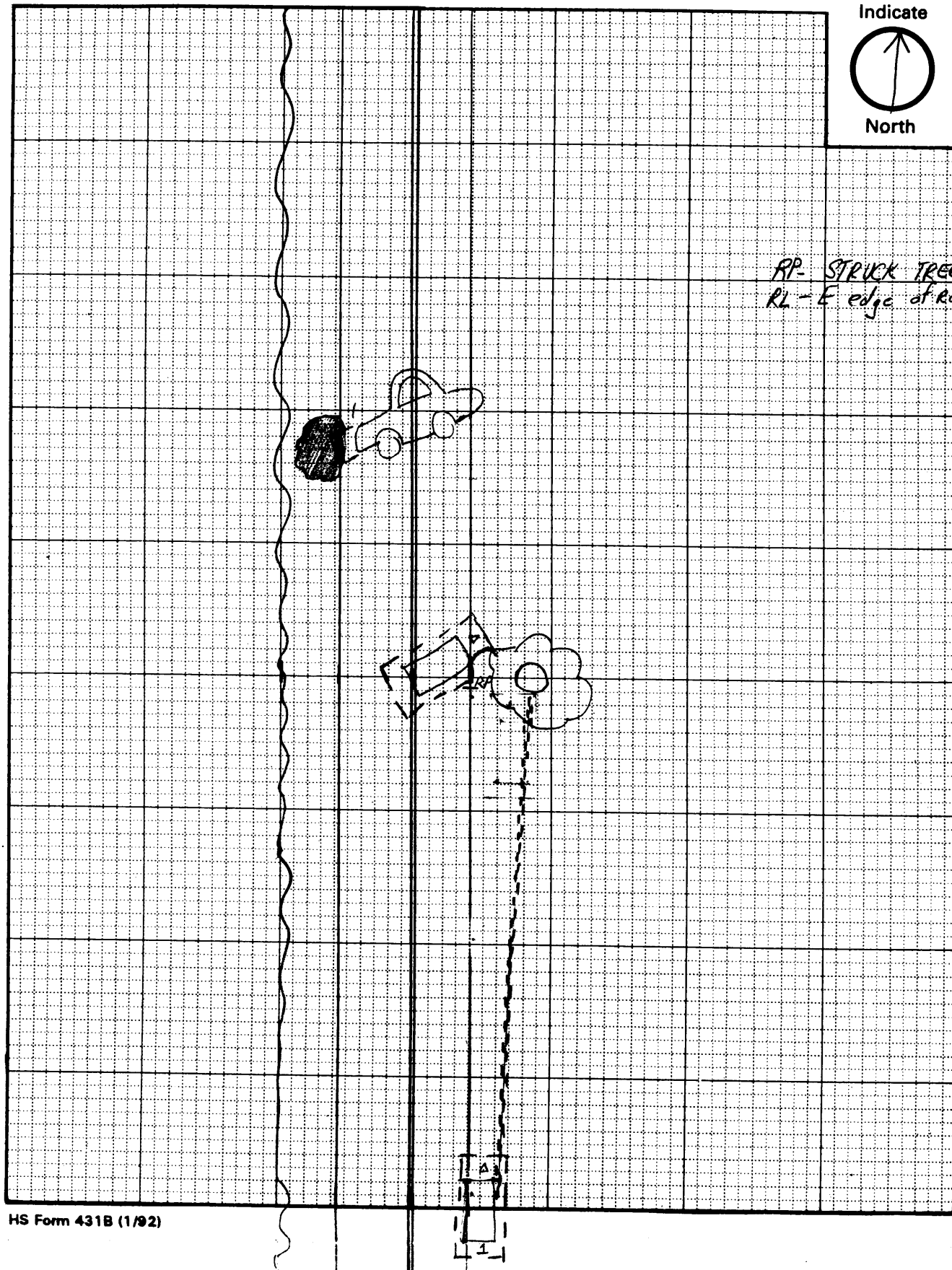
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Indicate

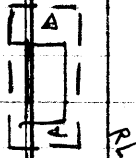
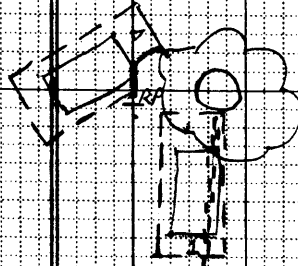


North

RP - STRUCK TREE
RL - E edge of road



HS Form 431B (1/92)

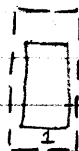
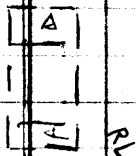


11-018A

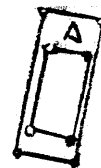


3 of 3

HS Form 431B (1/92)



11-018A



ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 11

Case Number—Stratum 018A

ACCIDENT COLLISION DIAGRAM																											
LEVEL I PHYSICAL EVIDENCE ABSENT		LEVEL II (Cont'd) physical evidence is present:																									
To be accomplished when there is no physical evidence present at the scene:		<ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scale documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways and at location of rollover initiation * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 																									
LEVEL II PHYSICAL EVIDENCE PRESENT		CRASH DATA																									
In addition to the level I tasks noted above, the following must be accomplished when		<table border="1"> <thead> <tr> <th></th> <th>VEH. #1</th> <th>VEH. #2</th> <th>VEH. #3</th> </tr> </thead> <tbody> <tr> <td>Heading Angle</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Surface Type</td> <td>Butum</td> <td></td> <td></td> </tr> <tr> <td>Surface Condition</td> <td>dry</td> <td></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (between impact and final rest)</td> <td>0/48"</td> <td></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (at location of rollover initiation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			VEH. #1	VEH. #2	VEH. #3	Heading Angle	N/A			Surface Type	Butum			Surface Condition	dry			Grade (v/h) Measurement (between impact and final rest)	0/48"			Grade (v/h) Measurement (at location of rollover initiation)			
	VEH. #1	VEH. #2	VEH. #3																								
Heading Angle	N/A																										
Surface Type	Butum																										
Surface Condition	dry																										
Grade (v/h) Measurement (between impact and final rest)	0/48"																										
Grade (v/h) Measurement (at location of rollover initiation)																											

[illegible]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RF ends	1' / S	8' 9" ✓
RF mid	37' 9.5	5' 9" ✓
RF begins	76' 4.5 ✓ 40.2	4' 2" ✓

The sketch shows a road layout with several segments and dimensions. On the left, a road segment is labeled with a bearing of 34.5° and a distance of 31.1. This segment connects to another road segment that runs vertically. To the right of this vertical segment, there is a horizontal segment labeled with a bearing of 40.2° and a distance of 76' 4.5. Further to the right, there is a circular feature, possibly a culvert or a roundabout, with a diameter of 4.5. The distance from the vertical segment to the center of the circle is 10.4. The distance from the center of the circle to the end of the horizontal segment is 5.0. The distance from the end of the horizontal segment to the end of the vertical segment is 31.2. The distance from the end of the vertical segment to the end of the horizontal segment is 40.2. The distance from the end of the horizontal segment to the end of the vertical segment is 37' 9.5. The distance from the end of the vertical segment to the end of the horizontal segment is 1' / S. The distance from the end of the horizontal segment to the end of the vertical segment is 8' 9". The distance from the end of the vertical segment to the end of the horizontal segment is 5' 9". The distance from the end of the horizontal segment to the end of the vertical segment is 4' 2".

[illegible]



ACCIDENT FORM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 018A

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 01

4. Date of Accident
(Month, Day, Year) 9 2

5. Time of Accident 1307

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active 0

7. SS13 Not Active 0

8. SS14 Fatal AOPS 1

9. SS15 0

10. SS16 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 03

Code the number of events which occurred
in this accident. 02

1st Review: 1A

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
--------------------------------------	-------------------	---------------------	------------------------------	--	---------------------	------------------------------

12. 0 1 13. 01 14. 03 15. F 16. 42 17. 00 18. 0

19. 0 2 20. 01 21. 03 22. L 23. 31 24. 00 25. N

26. 0 3 27. 01 28. 03 29. L 30. 75 31. 00 32. 0

33. 0 4 34. 35. 36. 37. 38. 39.

40. 0 5 41. 42. 43. 44. 45. 46.

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 — 104 inches)
- (03) Intermediate (wheelbase = 105 — 109 inches)
- (04) Full size (wheelbase = 110 — 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

- (35) Noncollision injury
- (38) Other noncollision (specify): _____

- (39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OCCUPANT RELATED

16. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted 01

24. Rollover 1

(0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

(5) Rollover--end-over-end (i.e., primarily about the lateral axis)

(9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 03,100
3/22 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
(135) 13,500 pounds or more
(999) Unknown

Source: _____

20. Vehicle Cargo Weight 0,000
NONE Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
(97) 9,650 pounds or more
(99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes--towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V) 1
(0) Not collision (for highest delta V) with tree or pole

- (1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0

26. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

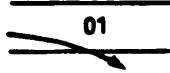

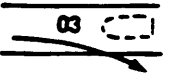
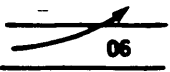
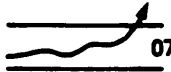
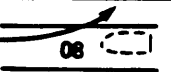
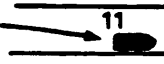

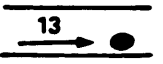
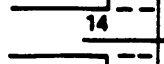

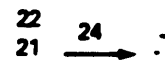
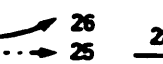
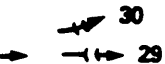

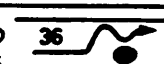
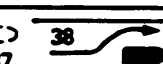
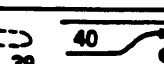
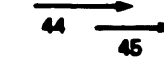

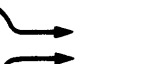






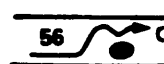


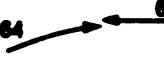




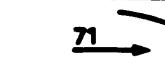
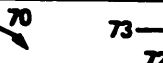

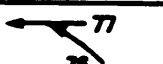
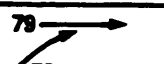
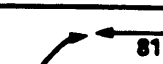

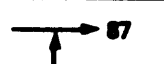







- (7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle 998

28. Heading Angle For Other Vehicle 998

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	 49 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE	 52 LATERAL MOVE	 53 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	 68 LATERAL MOVE	 70 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 INITIAL SAME DIRECTIONS	 75 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO SAME DIRECTION	 81 TURN INTO OPPOSITE DIRECTIONS	 83 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 STRAIGHT PATHS	 89 STRAIGHT PATHS	 91 STRAIGHT PATHS	 93 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 98 OTHER ACCIDENT TYPE	 99 UNKNOWN ACCIDENT TYPE	00 No Impact

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
(9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
(9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted

MASS CODING
1st Review: 1A

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
(8) Non-contact rollover forces (specify):
(9) Unknown

63. Direction of Initial Roll

- (0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 4 inches in diameter)
(42) Tree ($>$ 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
(52) Pole or post ($>$ 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number		11		3. Vehicle Number		01	
2. Case Number - Stratum		018A					

VEHICLE IDENTIFICATION

VIN 2G1WN54T9L9 Model Year 90
Vehicle Make (specify): Chevrolet Vehicle Model (specify): LUMINA Euro 3.1

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1 - tree	Begins at front right Co 3	Whole D=0
2 - 0		
3 - 0 #1 head	begins 45" Rearward OF F.L. A61	

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

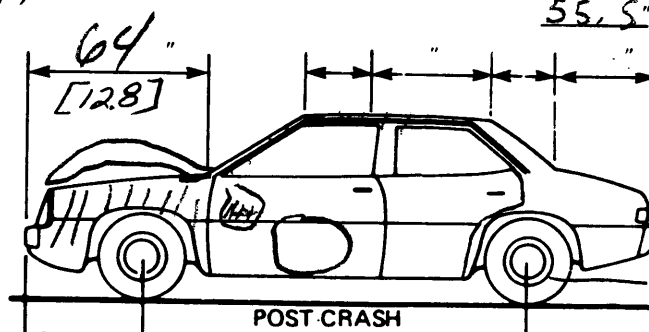
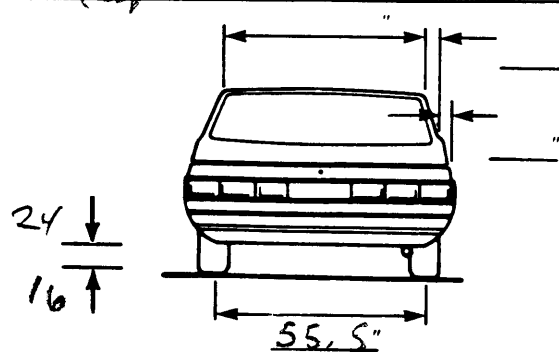
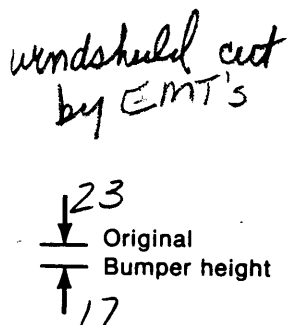
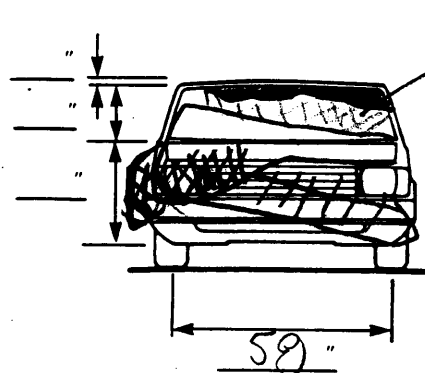
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

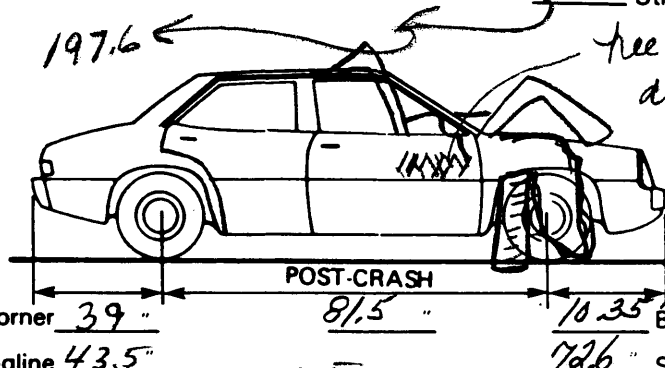
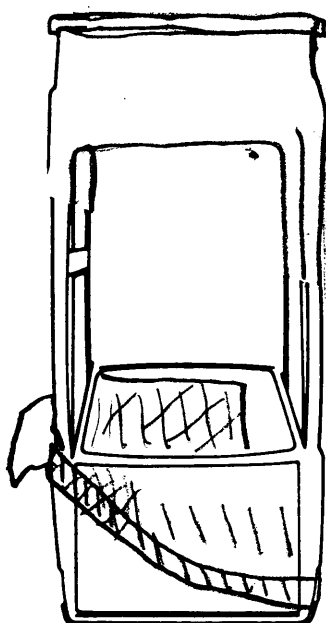
[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>1</u> - door guard punctured LF <u>2</u> RR <u>2</u> LR <u>2</u> RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>1</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>9'</u> <u>107.5</u> Overall Length <u>16.5'</u> <u>197.6</u> Maximum Width <u>14.2</u> <u>71</u> Curb Weight <u>3122</u> Average Track <u>4'9"</u> <u>58.75</u> Front Overhang <u>3.9</u> <u>46.6</u> Rear Overhang <u>43.5 (full)</u> Engine Size: cyl./displ. _____ Undeformed End Width <u>62.5</u> <u>Rear</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>00</u> ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight _____		



Bumper corner 28.85 156 112.5 39 Bumper corner
 Stringline 41.6 43.5 Stringline



Bumper corner 39 81.5 10.35 Bumper corner
 Stringline 43.5 72.6 Stringline

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 018A

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LP 3 6. RF 3 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 6 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing *Windshield Cut by E.M.T.s*
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify):

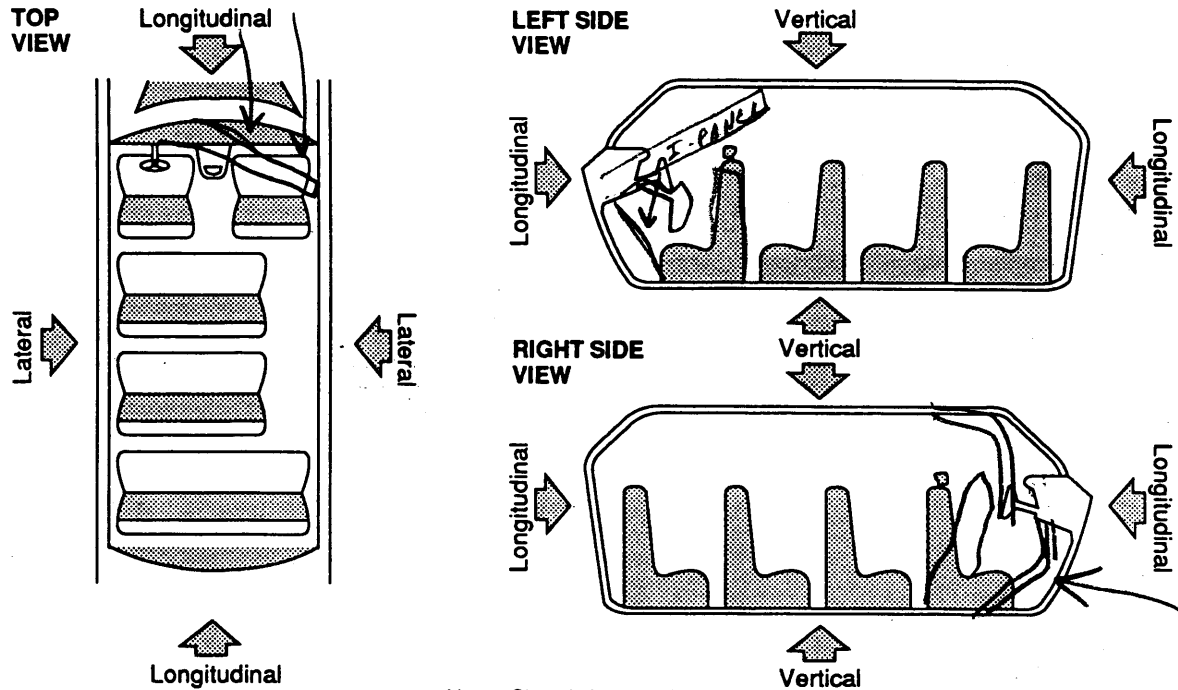
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET



Note: Sketch intruded areas

	LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION	
TO B	1.1	Toe pan	60	40.5	19.9 ✓	Long	6
Piv	1.1	Instrument panel	40.5	27	13.5 ✓	Long	7
LD	1.1	Steering wheel	16	9	7 ✓	Lat	8
B-P	1.2	Instrument panel	80.5	18	22.5 ✓	Long	4
	2.2	Toe pan	60	23	37 ✓	Long	3
	1.3	A-pillar	34.5	12.5	22 ✓	Long	5
	1.3	Instrument panel	40.5	3	37.5	Long	2
	1-3	Floor	60	9	51 ✓	Long	1
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>05</u>	49. <u>6</u>	50. <u>2</u>
2nd	51. <u>13</u>	52. <u>04</u>	53. <u>6</u>	54. <u>2</u>
3rd	55. <u>12</u>	56. <u>05</u>	57. <u>6</u>	58. <u>2</u>
4th	59. <u>12</u>	60. <u>03</u>	61. <u>5</u>	62. <u>2</u>
5th	63. <u>13</u>	64. <u>06</u>	65. <u>5</u>	66. <u>2</u>
6th	67. <u>11</u>	68. <u>05</u>	69. <u>5</u>	70. <u>2</u>
7th	71. <u>11</u>	72. <u>02</u>	73. <u>4</u>	74. <u>2</u>
8th	75. <u>11</u>	76. <u>01</u>	77. <u>3</u>	78. <u>3</u>
9th	79. <u>13</u>	80. <u>19</u>	81. <u>3*</u>	82. <u>2</u>
10th	83. <u>11</u>	84. <u>19</u>	85. <u>3*</u>	86. <u>2</u>

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

* estimated
 Intrusions appear probable but cannot be verified due to poor interior slides

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

STEERING COLUMN

87. Steering Column Type 2
- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

92. Steering Rim/Spoke Deformation 1
 Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

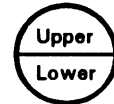
93. Location of Steering Rim/Spoke Deformation 01
 (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 019,000
18,846 miles—Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown 10.00

Source: _____

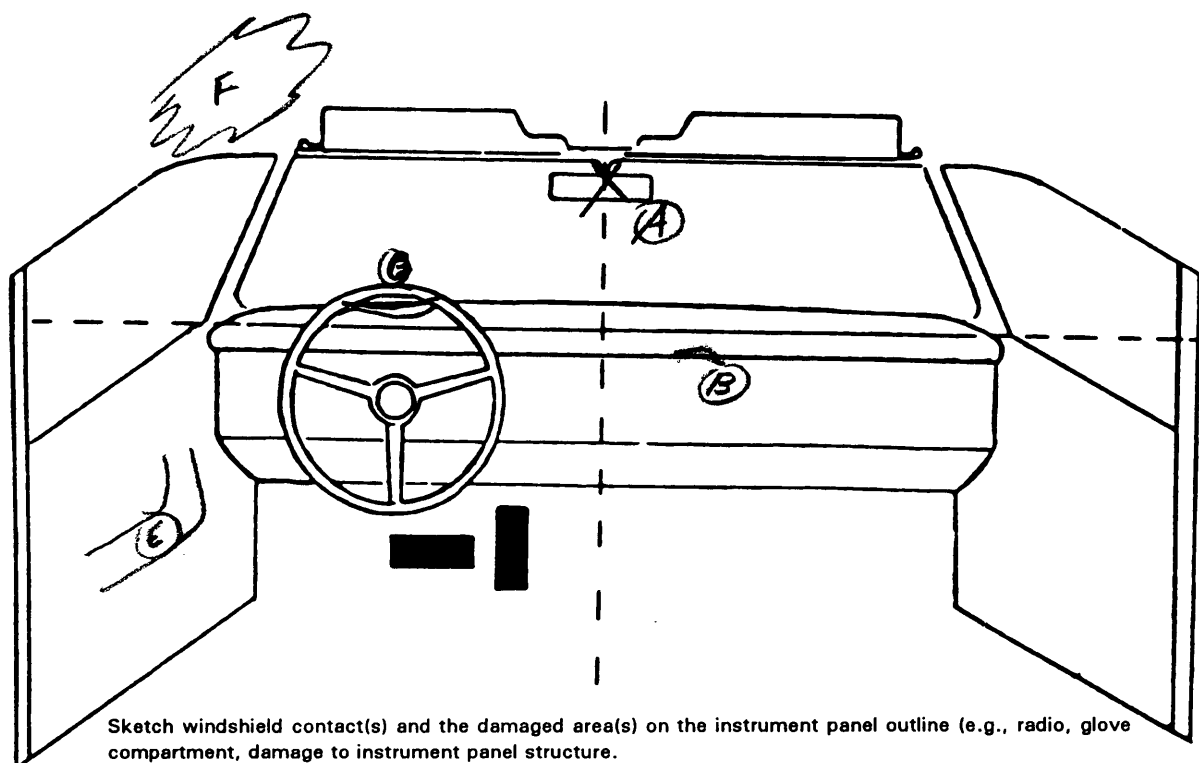
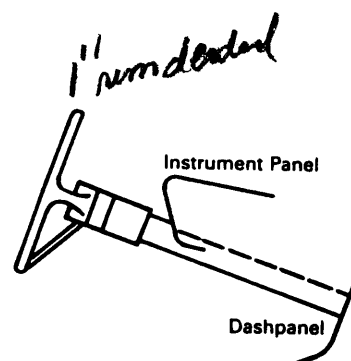
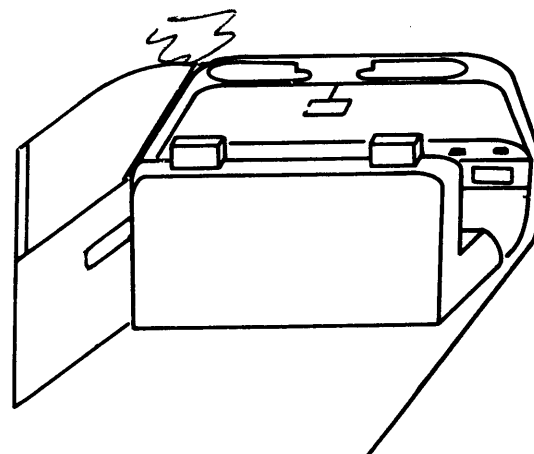
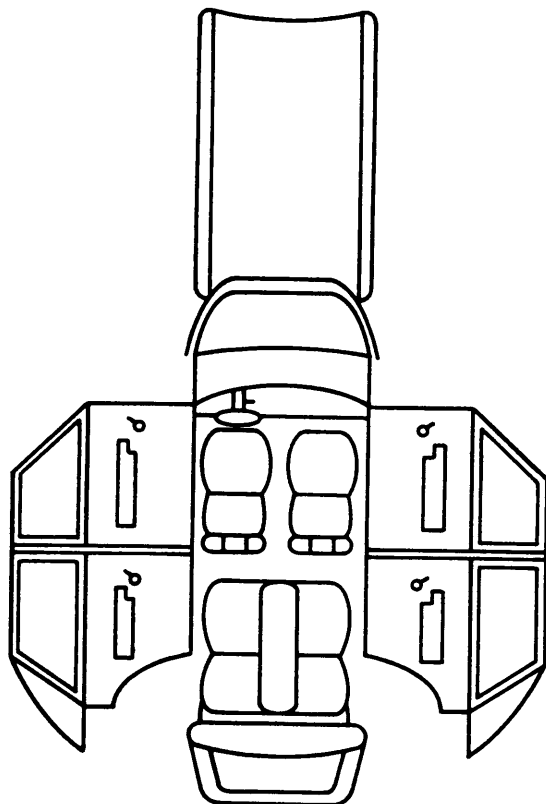
95. Instrument Panel Damage from Occupant Contact? 1
 (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	02	1	head	Missing	1
B	10	1	(R) arm	dent/stuff	1
C	04	1	chest	dent ~ 1" on rim	1
D					
E	21	1	(L) arm	dent	1
F	50/22/54	1	head	blood splatter dent	1
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right side object (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability		3	
	Use		00	
	Failure Modes		0	
SECOND	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used - type unknown _____

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	04	04	04
	Seat Performance	1	1	1
	Seat Orientation	1	6	6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	04	04	04
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown _____

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes ☒

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number	1					
Ejection	1					
(Note on Vehicle Interior Sketch) Ejection Area	2					
Ejection Medium	4					
Medium Status	2					

Ejection

- (1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes []

Describe entrapment mechanism:

Legs may have been hard to extract due to intrusion by no evidence of a binding mechanism

Component(s):

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 04

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify): _____
 (10) Box mounted seat (i.e., van type)
 (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model 000

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify): _____
 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify): _____
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 113. Vehicle Number 012. Case Number - Stratum 018A4. Occupant Number 01

INJURY DATA

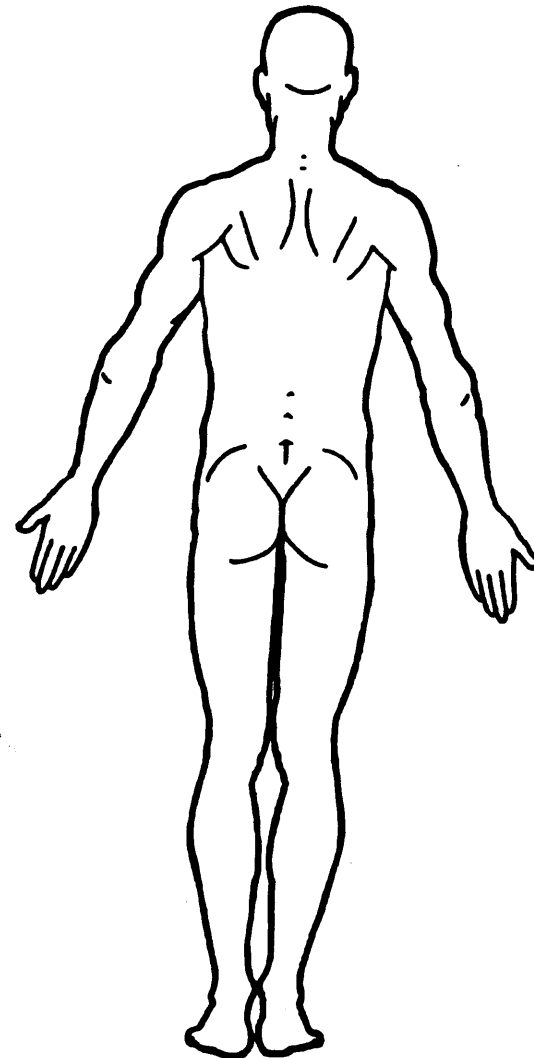
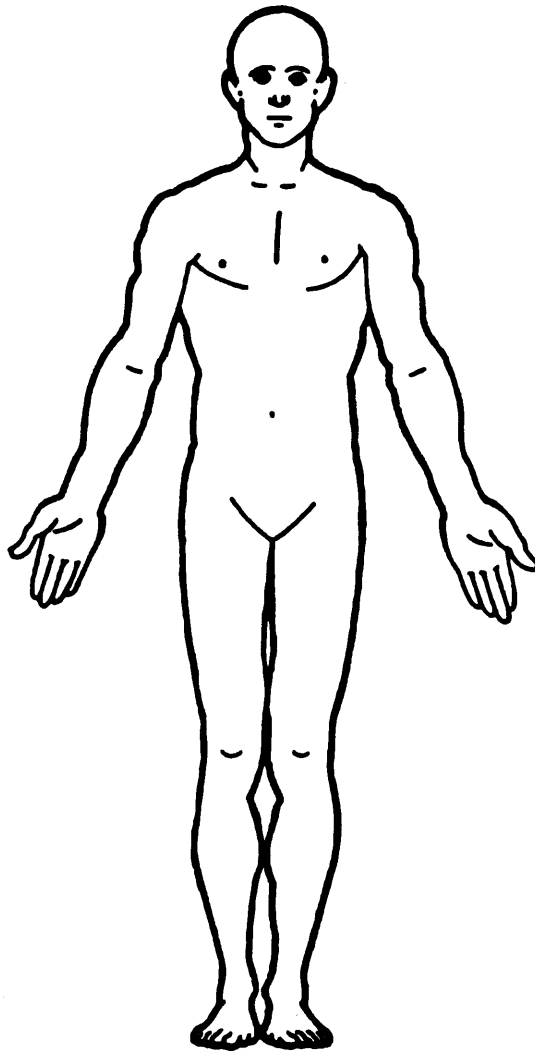
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S				Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.		
		Body Region	Aspect	Lesion	System Organ				A.I.S. Severity	Injury Source
✓ 1st	5. <u>7</u>	6. <u>E</u>	7. <u>S</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>02</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
✓ 2nd	15. <u>7</u>	16. <u>K</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>09</u>	22. <u>1</u>	23. <u>1</u>	24. <u>07</u>
✓ 3rd	25. <u>7</u>	26. <u>L</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>09</u>	32. <u>1</u>	33. <u>1</u>	34. <u>07</u>
✓ 4th	35. <u>7</u>	36. <u>E</u>	37. <u>R</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>10</u>	42. <u>1</u>	43. <u>1</u>	44. <u>04</u>
✓ 5th	45. <u>7</u>	46. <u>A</u>	47. <u>L</u>	48. <u>F</u>	49. <u>S</u>	50. <u>3</u>	51. <u>09</u>	52. <u>1</u>	53. <u>1</u>	54. <u>07</u>
✓ 6th	55. <u>7</u>	56. <u>Q</u>	57. <u>R</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>56</u>	62. <u>1</u>	63. <u>1</u>	64. <u>06</u>
✓ 7th	65. <u>7</u>	66. <u>L</u>	67. <u>R</u>	68. <u>F</u>	69. <u>S</u>	70. <u>2</u>	71. <u>04</u>	72. <u>1</u>	73. <u>1</u>	74. <u>08</u>
✓ 8th	75. <u>7</u>	76. <u>W</u>	77. <u>L</u>	78. <u>V</u>	79. <u>I</u>	80. <u>2</u>	81. <u>84</u>	82. <u>2</u>	83. <u>1</u>	84. <u>00</u>
✓ 9th	85. <u>7</u>	86. <u>F</u>	87. <u>L</u>	88. <u>A</u>	89. <u>I</u>	90. <u>1</u>	91. <u>84</u>	92. <u>1</u>	93. <u>1</u>	94. <u>00</u>
✓ 10th	95. <u>7</u>	96. <u>F</u>	97. <u>I</u>	98. <u>L</u>	99. <u>I</u>	100. <u>1</u>	101. <u>97</u>	102. <u>7</u>	103. <u>7</u>	104. <u>99</u>

	Source of Injury Data	O.I.C.-A.I.S. <div>Body Region Aspect Lesion System Organ A.I.S. Severity</div>	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
✓ 11th	7	F S L I 1	97	9	7	99
✓ 12 th / ₁₀	7	W L A I 1	84	1	1	00
13th	7	H R F S 7	56	1	1	06
14th	—	— — — — —	---	—	—	---
15th	—	— — — — —	---	—	—	---
16th	—	— — — — —	---	—	—	---
17th	—	— — — — —	---	—	—	---
18th	—	— — — — —	---	—	—	---
19th	—	— — — — —	---	—	—	---
20th	—	— — — — —	---	—	—	---
21st	—	— — — — —	---	—	—	---
22nd	—	— — — — —	---	—	—	---
23rd	—	— — — — —	---	—	—	---
24th	—	— — — — —	---	—	—	---
25th	—	— — — — —	---	—	—	---

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle—foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head—skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limbs(s) (whole or unknown part)
- (N) Neck—cervical spine
- (P) Pelvic—hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist—hand

Aspect of Injury

- (A) Anterior—front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior—lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior—back
- (R) Right
- (S) Superior—upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries—veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary—lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

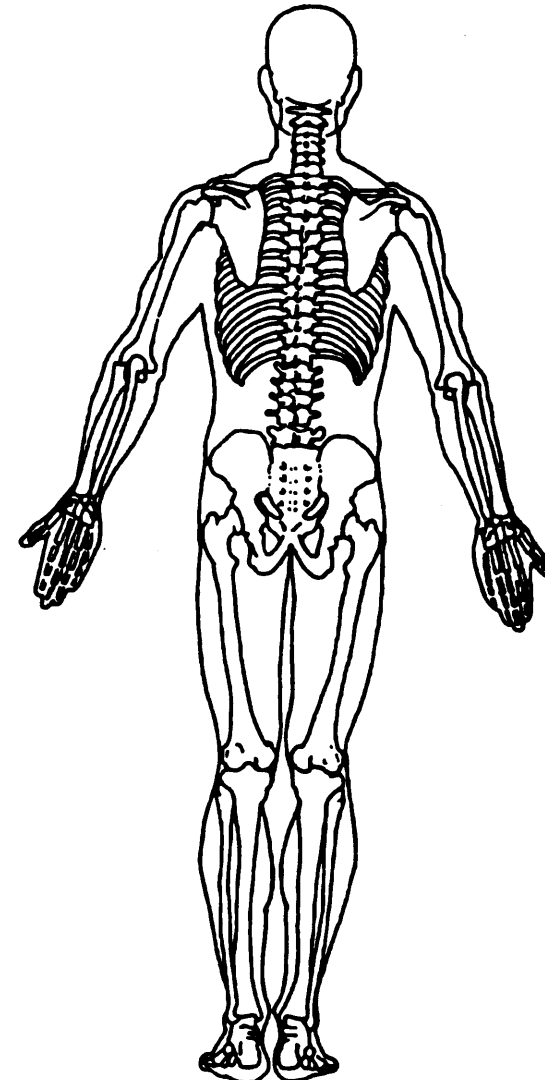
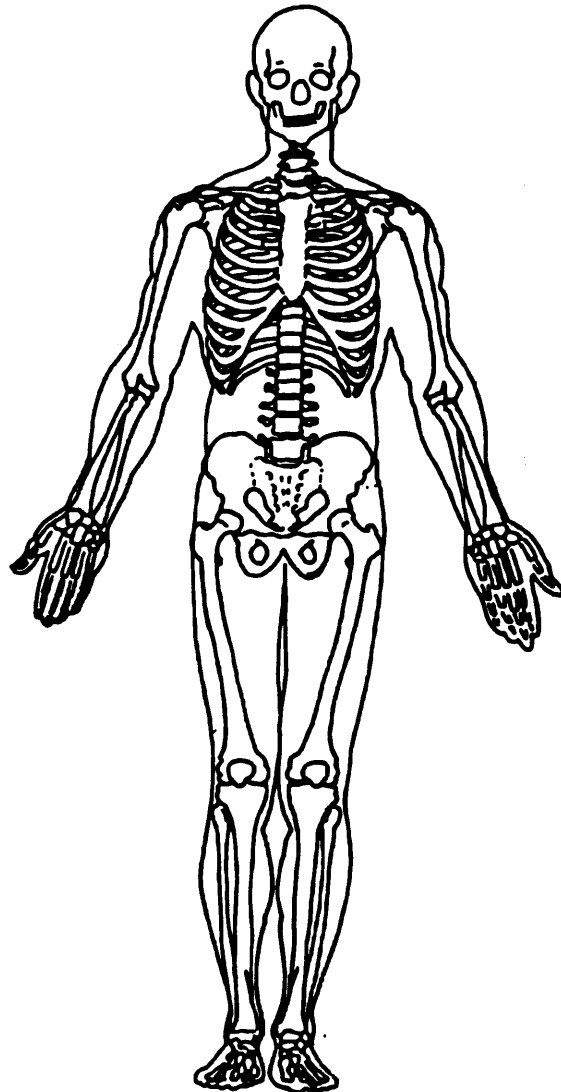
pH = ___

PO₂ = ___

PCO₂ ___

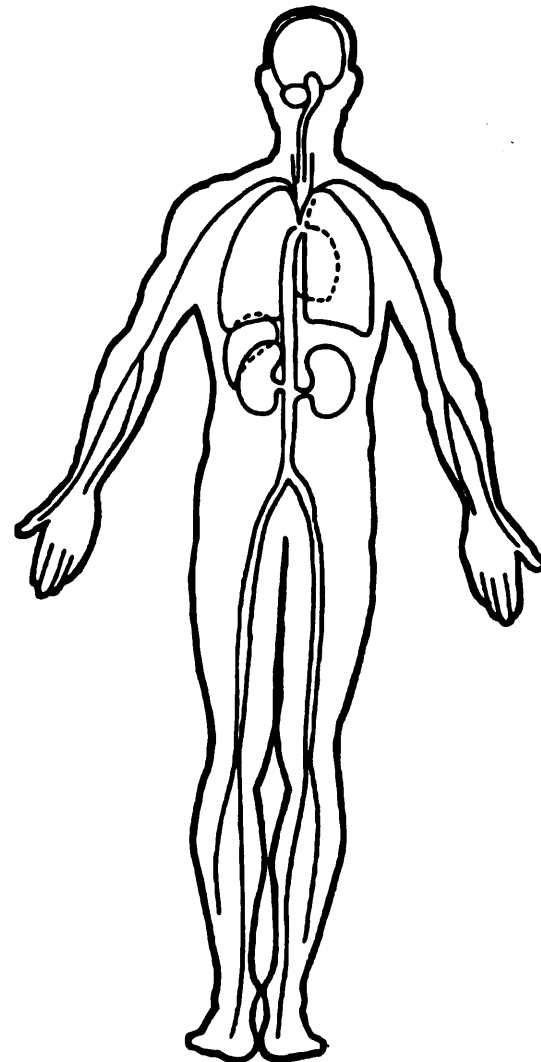
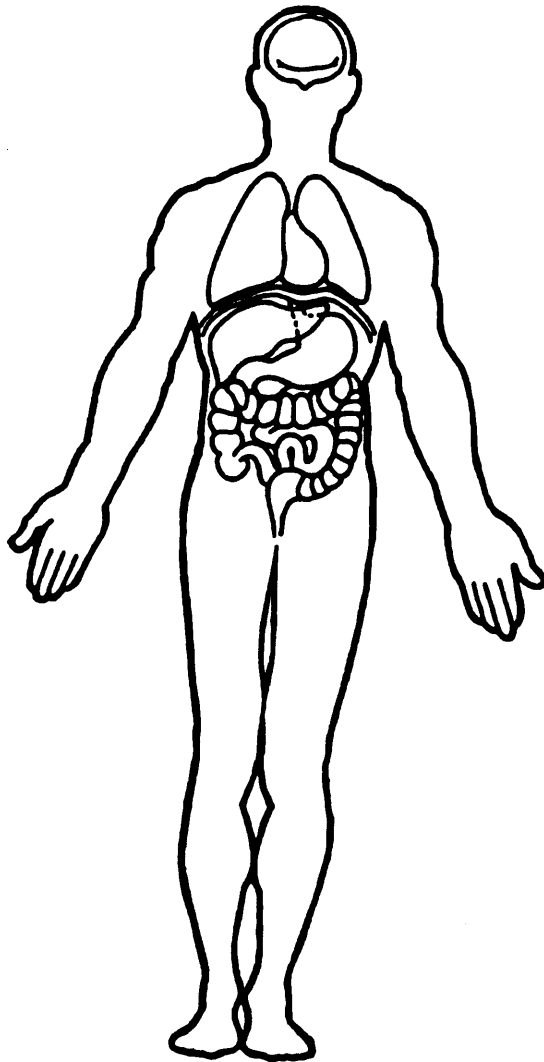
HCO₃ ___

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





UPDATE FORM

<p>1. Primary Sampling Unit Number <u>11</u></p> <p>2. Case Number — Stratum <u>018A</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="text-align: center;">1992 <i>me</i> <i>ROON</i></p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center;">(Sanitize this section prior to Update submission.)</p>
---	--

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	— —	OA21. Air Bag System Availability/Function	<u>0</u>	—
GV39. Other Drug Specimen Test Type for Driver	—	—	OA22. Air Bag System Deployment	<u>0</u>	—
GV40.-GV41. Narcotic Drug	— —	— —	OA35. Treatment - Mortality	<u>1</u>	—
GV42.-GV43. Depressant Drug	— —	— —	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	—
GV44.-GV45. Stimulant Drug	— —	— —	OA37. Hospital Stay	<u>00</u>	— —
GV46.-GV47. Hallucinogen Drug	— —	— —	OA38. Working Days Lost	<u>62</u>	— —
GV48.-GV49. Cannabinoid Drug	— —	— —	OA39. Time to Death	<u>99</u>	— —
GV50.-GV51. Phencyclidine (PCP)	— —	— —	OA40. 1st Medically Reported Cause of Death	<u>99</u>	— —
GV52.-GV53. Inhalant Drug	— —	— —	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	— —
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	— —	— —	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	— —
GV56. Driver's Zip Code	— — — —	— — — —	OA43. Number of Recorded Injuries for This Occupant	<u>12</u>	— —
GV57. Driver's Race/Ethnic Origin	<u>1</u>	—	OA44. Automatic (Passive) Belt System Availability/Function	<u>2</u>	—
OA05. Occupant's Age	<u>64</u>	— —	OA45. Automatic (Passive) Belt System Use	<u>2</u>	—
OA06. Occupant's Sex	<u>1</u>	—	OA50. Glasgow Coma Scale (GCS) Score	<u>01</u>	— —
OA07. Occupant's Height	<u>72</u>	— —	OA51. Was the Occupant Given Blood?	<u>1</u>	—
OA08. Occupant's Weight	<u>180</u>	— — —	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	— —
OA17. Manual (Active) Belt System Availability	<u>0</u>	—	_____	—	—
OA18. Manual (Active) Belt System Use	<u>00</u>	— —	_____	—	—

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___	h. Emergency room records	B ___	___
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	B ___	___
<u>Official</u>			j. Private physician	B ___	___
a. Autopsy (invasive examination)	B ___	___	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___	___	k. Lay coroner	B ___	___
c. Admission record/summary or admission/discharge face sheet	B ___	___	l. EMS record	B ___	___
d. Discharge summary	B ___	___	m. Interviewee	B ___	___
e. Operative report	B ___	___	n. Other source (specify):	B ___	B ___
f. Radiographic record(s) post ER visit	B ___	___	o. Police report	B ___	B ___
g. History and physical examination and/or consultation records	B ___	___	OAL14. Medical Facility Code	___	___
			OIL07. Date Official Medical Data Obtained	___/___/___	___/___/___

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>F</u>	7. <u>S</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>02</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>K</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>09</u>	22. <u>1</u>	23. <u>1</u>	24. <u>07</u>
3rd	25. <u>7</u>	26. <u>L</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>09</u>	32. <u>1</u>	33. <u>1</u>	34. <u>07</u>
4th	35. <u>7</u>	36. <u>E</u>	37. <u>R</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>10</u>	42. <u>1</u>	43. <u>1</u>	44. <u>04</u>
5th	45. <u>7</u>	46. <u>A</u>	47. <u>L</u>	48. <u>F</u>	49. <u>S</u>	50. <u>3</u>	51. <u>09</u>	52. <u>1</u>	53. <u>1</u>	54. <u>07</u>
6th	55. <u>7</u>	56. <u>Q</u>	57. <u>R</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>56</u>	62. <u>1</u>	63. <u>1</u>	64. <u>06</u>
7th	65. <u>7</u>	66. <u>C</u>	67. <u>R</u>	68. <u>F</u>	69. <u>S</u>	70. <u>2</u>	71. <u>04</u>	72. <u>1</u>	73. <u>1</u>	74. <u>08</u>
8th	75. <u>7</u>	76. <u>W</u>	77. <u>L</u>	78. <u>V</u>	79. <u>I</u>	80. <u>2</u>	81. <u>84</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u>7</u>	86. <u>F</u>	87. <u>L</u>	88. <u>A</u>	89. <u>I</u>	90. <u>1</u>	91. <u>84</u>	92. <u>1</u>	93. <u>1</u>	94. <u>00</u>
10th	95. <u>7</u>	96. <u>F</u>	97. <u>I</u>	98. <u>L</u>	99. <u>I</u>	100. <u>1</u>	101. <u>97</u>	102. <u>9</u>	103. <u>7</u>	104. <u>99</u>
11th	105. <u>7</u>	106. <u>F</u>	107. <u>S</u>	108. <u>L</u>	109. <u>I</u>	110. <u>1</u>	111. <u>97</u>	112. <u>9</u>	113. <u>7</u>	114. <u>99</u>
12th	115. <u>7</u>	116. <u>W</u>	117. <u>L</u>	118. <u>A</u>	119. <u>I</u>	120. <u>1</u>	121. <u>84</u>	122. <u>1</u>	123. <u>1</u>	124. <u>00</u>
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ____	6. ____	7. ____	8. ____	9. ____	10. ____	11. ____	12. ____	13. ____	14. ____
2nd	15. ____	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____
3rd	25. ____	26. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____

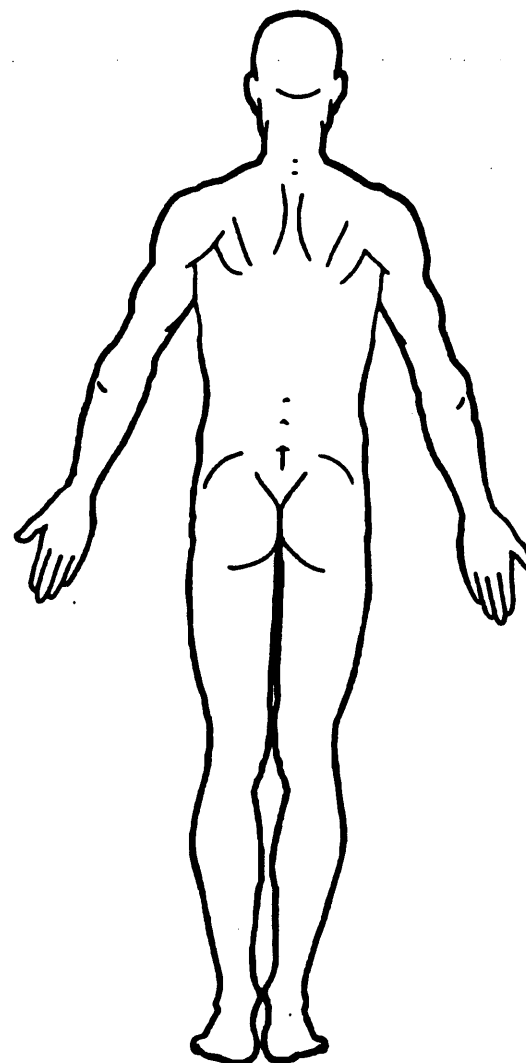
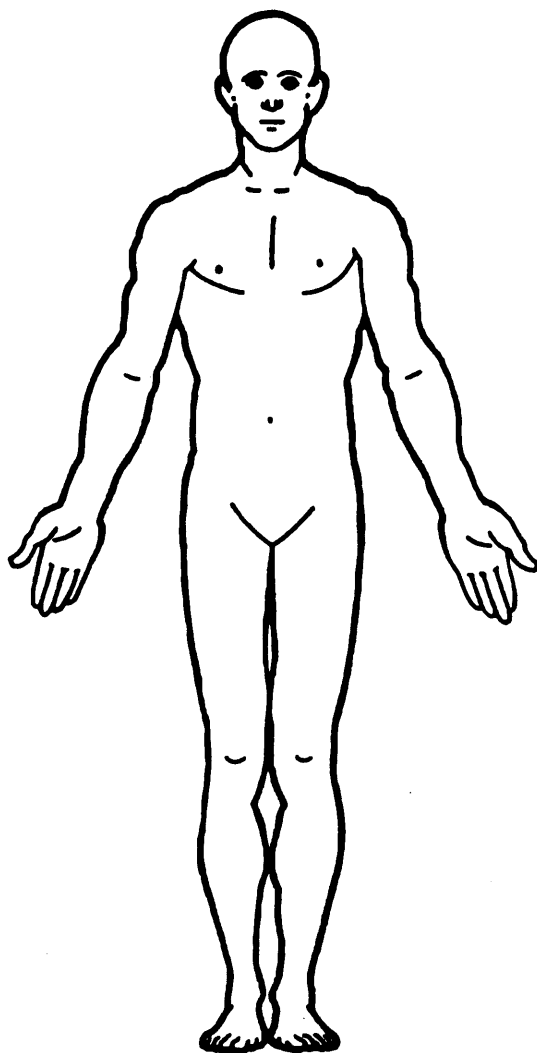
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	— — —	—	—	— — —
12th	—	—	—	—	—	—	— — —	—	—	— — —
13th	—	—	—	—	—	—	— — —	—	—	— — —
14th	—	—	—	—	—	—	— — —	—	—	— — —
15th	—	—	—	—	—	—	— — —	—	—	— — —
16th	—	—	—	—	—	—	— — —	—	—	— — —
17th	—	—	—	—	—	—	— — —	—	—	— — —
18th	—	—	—	—	—	—	— — —	—	—	— — —
19th	—	—	—	—	—	—	— — —	—	—	— — —
20th	—	—	—	—	—	—	— — —	—	—	— — —
21st	—	—	—	—	—	—	— — —	—	—	— — —
22nd	—	—	—	—	—	—	— — —	—	—	— — —
23rd	—	—	—	—	—	—	— — —	—	—	— — —
24th	—	—	—	—	—	—	— — —	—	—	— — —
25th	—	—	—	—	—	—	— — —	—	—	— — —

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limbs(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

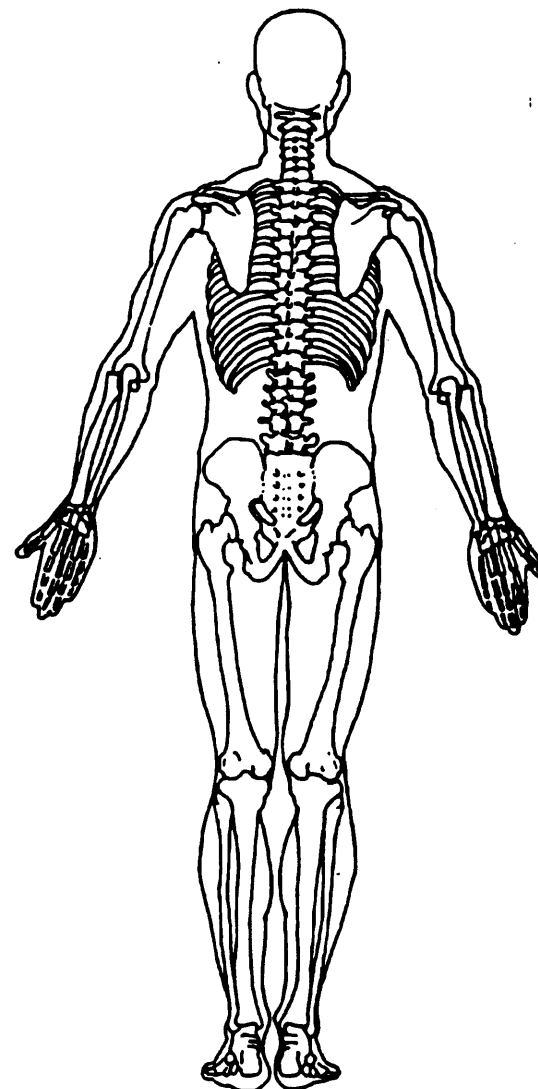
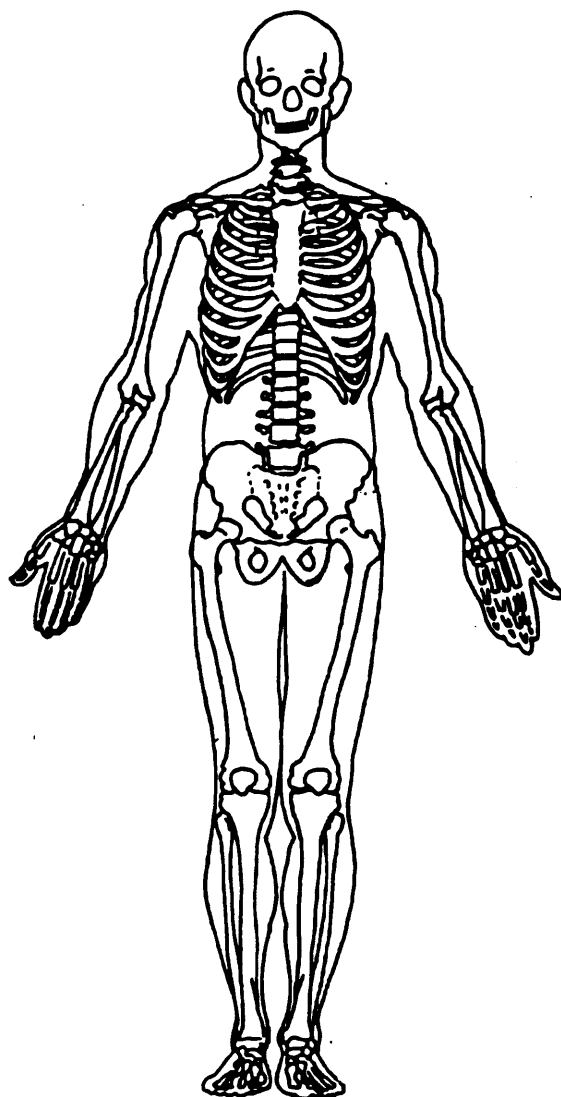
pH = ____

PO₂ = ____

PCO₂ ____

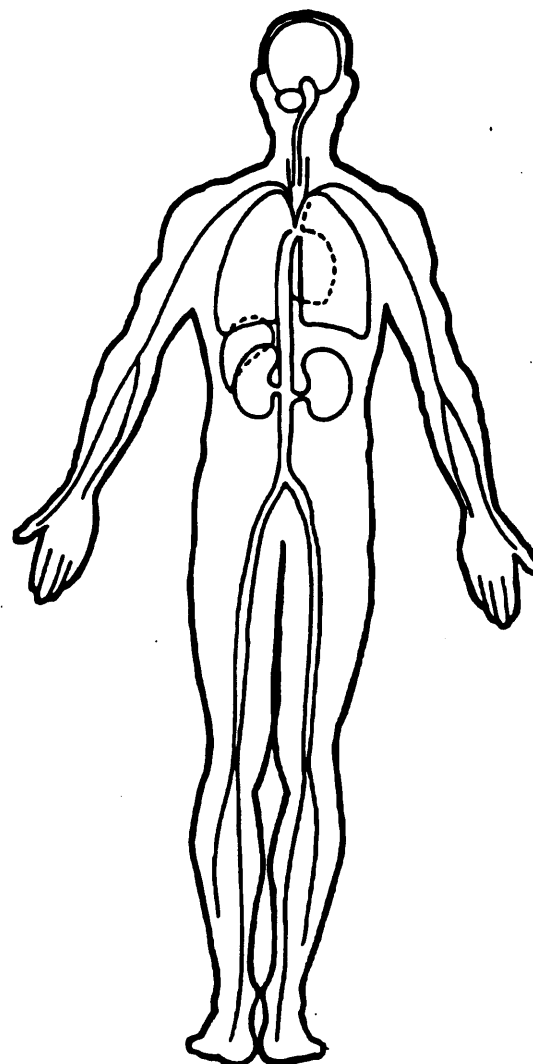
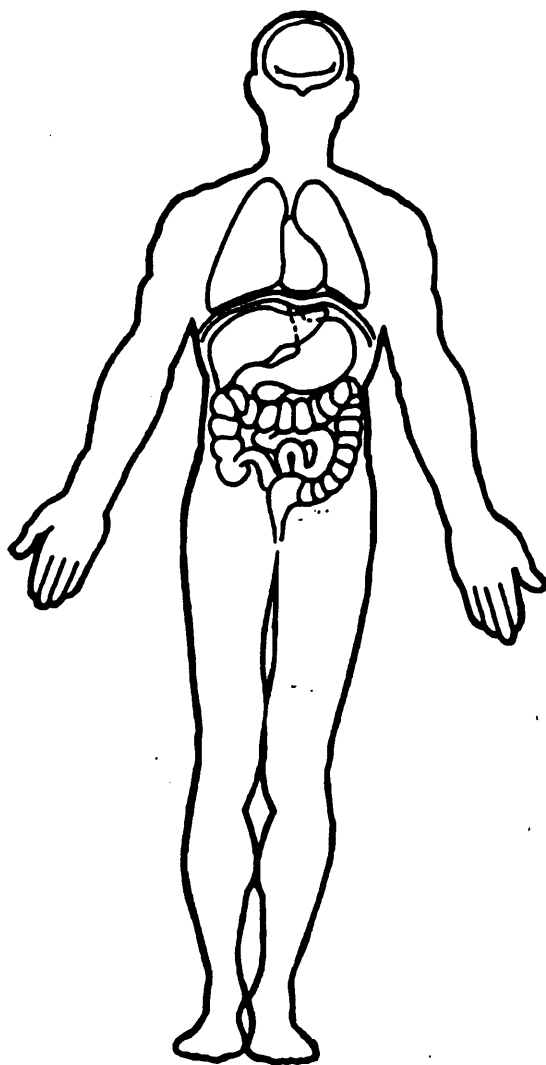
HCO₃ ____

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





CRASHPC PROGRAM SUMMARY

Identifying Title <u>11</u>	Case No.-Stratum <u>018A</u>	Accident Event Sequence No. <u>01</u>	Date (Month, day, year) of Run _____
Primary Sampling Unit			

CRASHPC Vehicle Identification

Vehicle 1	<u>1990</u>	<u>Chevrolet</u>	<u>LUMINA EURO 3.1</u>
Vehicle 2	<u>LARGE</u>	<u>TREE</u>	
	Year	Make	Model
			NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1	VEHICLE 2
Size <u>3</u>	Size <u>11</u>
Weight $\frac{3122}{\text{Curb}} + \frac{180}{\text{Occupant(s)}} + \frac{0}{\text{Cargo}} = 3302$	Weight _____
CDC <u>12FZEW5</u>	CDC _____
PDOF <u>000</u>	PDOF _____
Stiffness <u>9</u>	Stiffness <u>11</u>

SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

VEHICLE 1	VEHICLE 2
Rest Position	
X _____	X _____
Y _____	Y _____
PSI _____	PSI _____
Impact Position	
X _____	X _____
Y _____	Y _____
PSI _____	PSI _____
Slip Angle _____	Slip Angle _____

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1	VEHICLE 2
Skidding <input type="checkbox"/> No <input type="checkbox"/> Yes	
Skidding Stop Before Rest <input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest <input type="checkbox"/> No <input type="checkbox"/> Yes
Impact Position	
X _____	X _____
Y _____	Y _____
PSI _____	PSI _____
Curved Path <input type="checkbox"/> No <input type="checkbox"/> Yes	
Point on Path X _____ Y _____	Point on Path X _____ Y _____
Rotation Direction <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	
Rotation >360° <input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation >360° <input type="checkbox"/> No <input type="checkbox"/> Yes

FRICTION INFORMATION

Coefficient of Friction . _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____

LF _____ RF _____

Vehicle 2 Rolling Resistance

LF _____ RF _____

LF _____ RF _____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ RF _____

LF _____ RF _____

Vehicle 2 Steer Angles

LF _____ RF _____

LF _____ RF _____

Terrain Boundary [] No [] Yes

First Point

X _____ Y _____

Second Point

X _____ Y _____

Secondary Coefficient of Friction . _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length 62.5

Crush Depths

C1 5.75C2 16.75C3 31.5C4 39.0C5 47.5C6 55.25Damage Offset \oplus 14.75

VEHICLE 2

Damage Length _____

Crush Depths

C1 _____

C2 _____

C3 _____

C4 _____

C5 _____

C6 _____

Damage Offset \pm _____IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

```
HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18 does not
HH1274 equal 00 or AIR BAG DEPLOYMENT OA22 does not equal 0
HH1275 or AUTOMATIC BELT USE OA45 does not equal 0).
```

```

11018A00000001 925.0110000000000113070010002 92 92 92040149000
0010000000040149
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```

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 5.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	2	

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

11 018a AOPS

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	39.7	-39.7	.0	.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1:201632.3 FT-LB VEH#2: .0 FT-LB

SUMMARY OF DAMAGE DATA VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 9
 WEIGHT-----3302.0 LBS.
 CDC-----12FZEWS
 L-----62.5 IN.
 C1-----5.8 IN.
 C2-----16.8 IN.
 C3-----31.5 IN.
 C4-----39.0 IN.
 C5-----47.5 IN.
 C6-----55.3 IN.
 D-----14.8
 RHO-----1.00 *
 ANG----- .0 DEG. *
 D'-----22.6 IN.

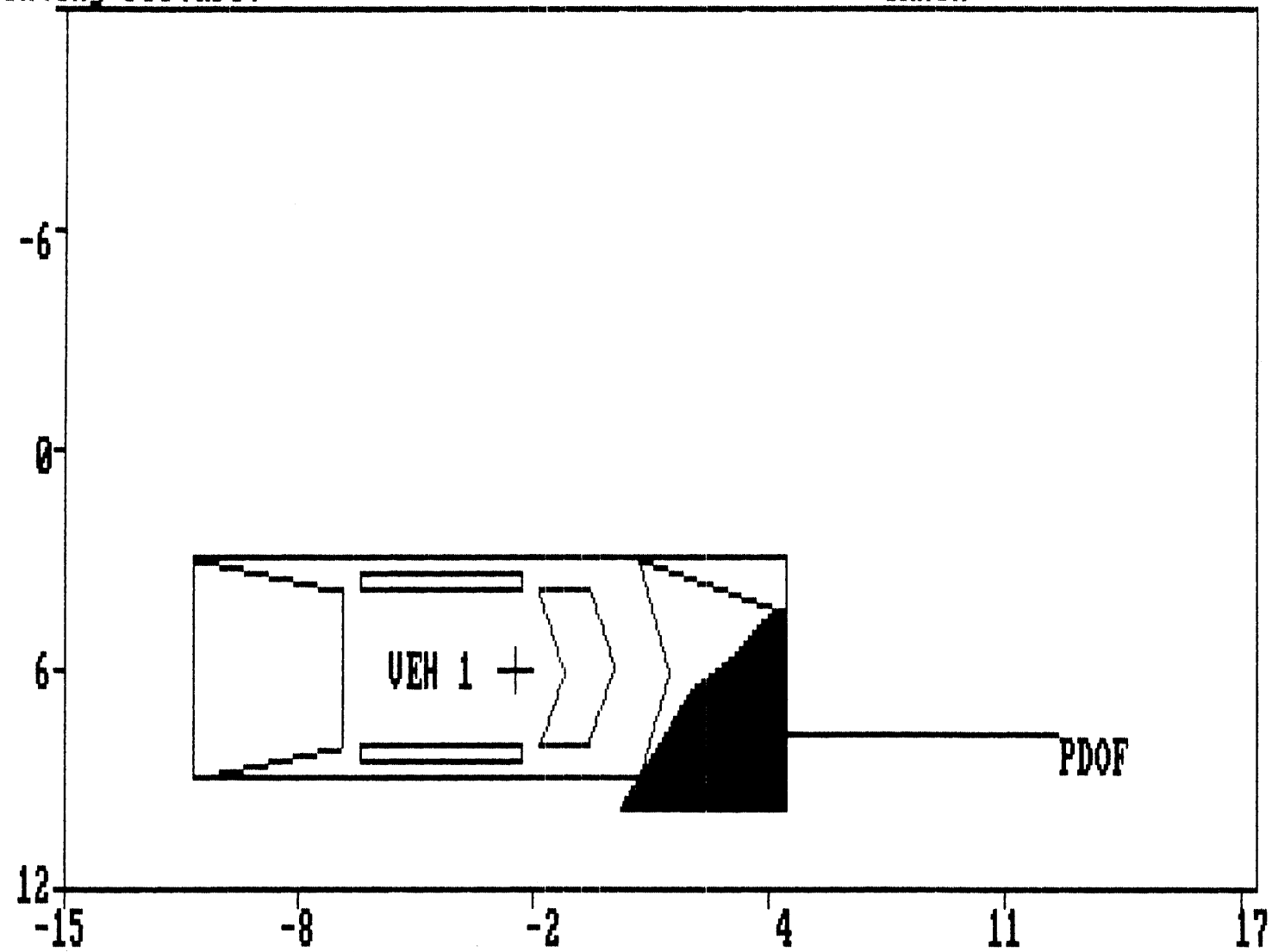
TYPE-----CATEGORY 11
 STIFFNESS---CATEGORY 0
 WEIGHT-----1000000.0 LBS. *
 CDC-----BARRIER
 L----- .0 IN. *
 C1----- .0 IN. *
 C2----- .0 IN. *
 C3----- .0 IN. *
 C4----- .0 IN. *
 C5----- .0 IN. *
 C6----- .0 IN. *
 D----- .0 *
 RHO-----1.00 *
 ANG----- .0 DEG. *
 D'----- -2.8 IN.

DIMENSIONS AND INERTIAL PROPERTIES

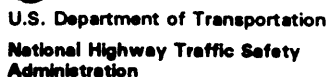
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B1	=	55.5	IN.	B2	=	50.0	IN.
TR1	=	58.9	IN.	TR2	=	50.0	IN.
I1	=	28538.3	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	8.586	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	50.0	IN.
XR1	=	-106.4	IN.	XR2	=	-50.0	IN.
YS1	=	36.3	IN.	YS2	=	50.0	IN.

Printing Picture:

CRASH



DAMAGE DESCRIPTION



**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Case Number—Stratum 0/8A

HS Form 434B (1/92)

[illegible]



PSU 11-018A (1992) #1



PSU 11-018A (1992) #2



PSU 11-018A (1992) #3



PSU 11-018A (1992) #4



PSU 11-018A (1992) #5



PSU 11-018A (1992) #6



PSU 11-018A (1992) #7



PSU 11-018A (1992) #8



PSU 11-016A (1992) #9



PSU 11-016A (1992) #10



PSU 11-018A (1992) #11



PSU 11-018A (1992) #12



PSU 11-018A (1992) #13



PSU 11-018A (1992) #14



PSU 11-018A (1992) #15



PSU 11-018A (1992) #16



PSU 11-018A (1992) #17



PSU 11-018A (1992) #18



PSU 11-018A (1992) #19



PSU 11-018A (1992) #20



PSU 11-018A (1992) #21



PSU 11-018A (1992) #22



PSU 11-018A (1992) #23



PSU 11-018A (1992) #24



PSU 11-018A (1992) #25



PSU 11-018A (1992) #26



PSU 11-018A (1992) #27



PSU 11-018A (1992) #28



PSU 11-018A (1992) #29



PSU 11-018A(1992) #30



PSU 11-018A (1992) #31



PSU 11-018A (1992) #32



PSU 11-018A (1992) #33



PSU 11-018A(1992) #34



PSU 11-018A (1992) #35



PSU 11-018A (1982) #36



PSU 11-018A (1992) #37



PSU 11-018A (1992) #38



PSU 11-018A (1992) #39



PSU 11-018A (1992) #40



PSU 11-018A (1992) #41



PSU 11-018A (1992) #42



PSU 11-018A (1992) #43



PSU 11-018A (1992) #44



PSU 11-018A(1992) #45



PSU 11-018A (1992) #46



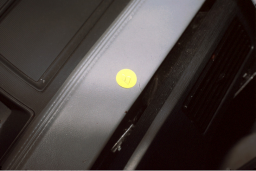
PSU 11-018A (1992) #47



PSU 11-018A (1992) #48



PSU 11-018A (1992) #49



PSU 11-018A (1992) #50



PSU 11-018A (1992) #51



PSU 11-018A (1992) #52